

**COMBINED DECLARATION AND POWER OF ATTORNEY**  
(Original, Design, Supplemental, Divisional, Continuation, CIP)

As the below named inventor, I hereby declare that:

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

**METHODS AND COMPOSITION FOR ORAL VACCINATION**

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b), or (c))

- (a) ☒ is attached hereto.  
(b) ☐ was filed on \_\_\_\_\_ as  
      ☐ Serial Number  
      ☐ Express Mail No. \_\_\_\_\_, as Serial Number not yet known  
(c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed  
      on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37 CFR 1.56(a).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventors certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate of any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

- (d) ☒ No such applications have been filed.  
(e) ☐ Such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority, check item (e), enter the details below and make the priority claim.

Earliest Foreign Application(s), if any, filed within 12 months (6 months for Design) prior to this U.S. Application

Country	Application No.	Date of Filing (Day, Month, Year)	Priority Claimed 35 USC 119

All Foreign Application(s), if any, Filed More Than 12 Months  
(6 Months for Design) Prior to This U.S. Application)

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(35 U.S.C. § 119(E))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

60/215,359

June 30, 2000

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
(UNDER 35 U.S.C. 120)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS  
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120**

U.S. Applications		Status (Check One)		
U.S. Applications	U.S. Filing Date	Patented	Pending	Abandoned
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PCT Applications Designating U.S.		
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NO. ASSIGNED (if any)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.



Customer Number: 25291

Bar Code:



25291

PATENT TRADEMARK OFFICE



Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Customer Number: 25291

Bar Code:



25291

PATENT TRADEMARK OFFICE

DIRECT ALL TELEPHONE CALLS TO:

Name: **Adley F. Mandel**

Tel. No. (973) 683-2133

09987296-062101  
TOT290-96278660

DECLARATION

I hereby declare that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of SOLE OR FIRST INVENTOR: **Hsien-Jue (Steve) Chu**

Inventor's Signature Hsien-Jue Chu Date 8-June-01

Country of Citizenship: **United States of America**

Residence : **1506 13th Avenue North, Fort Dodge, Iowa 50501**

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Full name of SECOND JOINT INVENTOR: **Wumin Li**

Inventor's Signature Wumin Li Date 10-June-01

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Post Office Address: **1519 Knollcrest Drive, Fort Dodge, Iowa 50501**

Full name of THIRD JOINT INVENTOR:

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Country of Citizenship:

Residence :

Post Office Address:

Full name of FOURTH JOINT INVENTOR:

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Country of Citizenship:

Residence :

Post Office Address: